



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
---------------	-------------	-----------------------	------------------

07/308,210 02/08/89 BURROUGHS

J

978601001

#2

HARNESS, DICKEY & PIERCE  
P. O. BOX 828  
BLOOMFIELD HILLS, MI 48013

000

04/06/89

DATE MAILED:

**NOTICE TO FILE MISSING PARTS OF APPLICATION—  
FILING DATE GRANTED**

A filing date has been granted to this application. However, the following parts are missing.

If all missing parts are filed within the period set below, the total amount owed by applicant as a ☒ large entity, ☐ small entity (verified statement filed), is \$ 110.00

- ☐ The statutory basic filing fee is: ☐ missing, ☐ insufficient. Applicant as a ☐ large entity, ☐ small entity, must submit \$ \_\_\_\_\_ to complete the basic filing fee and **MUST ALSO SUBMIT THE SURCHARGE AS INDICATED BELOW.**
- ☐ Additional claim fees of \$ \_\_\_\_\_ as a ☐ large entity, ☐ small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due. **NO SURCHARGE IS REQUIRED FOR THIS ITEM.**
- ☐ The oath or declaration:  
☐ is missing.  
☐ does not cover items omitted at the time of execution.  
An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Serial Number and Filing Date is required. A **SURCHARGE MUST ALSO BE SUBMITTED AS INDICATED BELOW.**
- ☐ The oath or declaration does not identify the application to which it applies. An oath or declaration in compliance with 37 CFR 1.63 identifying the application by the above Serial Number and Filing Date is required. A **SURCHARGE MUST ALSO BE SUBMITTED AS INDICATED BELOW.**
- ☒ The signature to the oath or declaration is: ☐ missing; ☐ a reproduction; ☐ by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Serial Number and Filing Date is required. A **SURCHARGE MUST ALSO BE SUBMITTED AS INDICATED BELOW.**
- ☐ The signature of the following joint inventor(s) is missing from the oath or declaration: \_\_\_\_\_ Applicant(s) should provide, if possible an oath or declaration signed by the omitted inventor(s), identifying this application by the above Serial Number and Filing Date. A **SURCHARGE MUST ALSO BE SUBMITTED AS INDICATED BELOW.**
- ☐ The application was filed in a language other than English. Applicant must file a verified English translation of the application and a fee of \$26.00 under 37 CFR 1.17(k), unless this fee has already been paid **NO SURCHARGE UNDER 37 CFR 1.16(e) IS REQUIRED FOR THIS ITEM.**
- ☐ A \$20.00 processing fee is required for returned checks. (37 CFR 1.21(m)).
- ☐ Your filing receipt was mailed in error because check was returned.
- ☐ Other:

A Serial Number and Filing Date have been assigned to this application. However, to avoid abandonment under 37 CFR 1.53(d), the missing parts and fees identified above in items 1 and 3-6 must be timely provided **ALONG WITH THE PAYMENT OF A SURCHARGE OF \$110.00** for large entities or \$55.00 for small entities who have filed a verified statement claiming such status. The surcharge is set forth in 37 CFR 1.16(e). Applicant is given **ONE MONTH FROM THE DATE OF THIS LETTER, OR TWO MONTHS FROM THE FILING DATE** of this application, **WHICHEVER IS LATER**, within which to file all missing parts and pay any fees. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

Direct the response to, and any questions about, this notice to the undersigned, Attention: Application Branch.

**A copy of this notice MUST be returned with response.**

*Jaqueline Carter / JCS*  
For: Manager, Application Branch  
(703) 557-3254

**For Office Use Only**

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> 102 | <input type="checkbox"/> 202 |
| <input type="checkbox"/> 103 | <input type="checkbox"/> 203 |
| <input type="checkbox"/> 104 | <input type="checkbox"/> 204 |
| <input type="checkbox"/> 105 | <input type="checkbox"/> 205 |